

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000047157

**Entity Name:** GRIFFITH HEALTHCARE, INC.

**Current Principal Place of Business:**

445 16TH AVE NE  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

445 16TH AVE NE  
SAINT PETERSBURG, FL 33704 US

**FEI Number: 82-1741857**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRIFFITH, LEAH  
445 16TH AVE NE  
ST PETERSBURG, FL 33704 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name GRIFFITH, LEAH  
Address 1424 1ST STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33704

Title VP  
Name GRIFFITH, CHRIS  
Address 1424 1ST STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33704

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LEAH GRIFFITH**

**PRESIDENT**

**03/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date